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Docket No. GI 5182A

See my checks

Declaration and Power of Attorney

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification of which: _____ is attached hereto.

GROUP 250

X was filed on 11/26/91 as

Application Serial No. 07/800,364

and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<u>Number</u>	<u>Country</u>	<u>Day/Month/Year Filed</u>	<u>Priority Claimed Yes/No</u>
PCT/US91/03388	designated:	15 May 1991	Yes

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
07/525,357	16 May 1990	Pending
07/641,204	15 January 1991	Pending

*Austria, Belgium, Switzerland and Liechtenstein, Germany, France, United Kingdom, Italy, Luxembourg, Netherlands, Sweden, Denmark, Spain, Greece, Japan, and Canada

*see paper H 31 for copy of
Vols*

I hereby appoint the following attorneys to prosecute this application, to make alterations and amendments therein, to receive the patent, to transact all business in the Patent and Trademark Office connected therewith, to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty and to act on my behalf before the competent International Authorities: Bruce M. Eisen, Reg. No. 22,847; Thomas J. DesRosier, Reg. No. 30,168; Luann Cserr, Reg. No. 31,822; Ellen J. Kapiros, Reg. No. 32,245; and Patricia McDaniels, Reg. No. 33,194.

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601 642 741
Address all correspondence to Legal Affairs Department, Genetics Institute, Inc., 87 Cambridge Park Drive, Cambridge, MA 02140. Telephone number: 617-876-1170.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of the Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

401 400
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402 400
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Inventor's signature Jack H. Wang

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403 400
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Inventor's signature: John M. Wozney

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Post Office Address (if different) _____

Full name of fifth joint inventor _____

Inventor's signature _____

Citizenship _____ Date _____

Residence _____

Post Office Address (if different) _____

Full name of sixth joint inventor _____

Inventor's signature _____

Citizenship _____ Date _____

Residence _____

Post Office Address (if different) _____